

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Attorney Docket No.: 64118.000033																								
In re Application Of	Richard ASSAKER et al.																									
Application Number	10/693,604																									
Filed	October 27, 2003																									
For	ANTERIOR IMPLANT FOR THE SPINE																									
Group Art Unit	3733																									
Examiner	Jerry L. CUMBERLEDGE																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above-identified application.</p> <p>The requested extension and appropriate fee is as follows:</p> <table> <thead> <tr> <th></th> <th>Large Entity</th> <th>Small Entity</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One Month</td> <td>\$ 120.00</td> <td>\$ 60.00</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Two Month</td> <td>\$ 450.00</td> <td>\$ 225.00</td> <td>\$</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three Month</td> <td>\$1020.00</td> <td>\$ 510.00</td> <td>\$1,020.00</td> </tr> <tr> <td><input type="checkbox"/> Four Month</td> <td>\$1590.00</td> <td>\$ 795.00</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Five Month</td> <td>\$2160.00</td> <td>\$1080.00</td> <td>\$</td> </tr> </tbody> </table> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0206. A duplicate of this sheet is attached. </p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96); <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <hr/> <p>April 11, 2007 <i>Tyler Maddry</i> _____ Date Signature</p> <p>Tyler Maddry _____ Typed or Printed Name</p> <p>40,074 _____ Registration Number (if applicable)</p> <p>Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> *Total of <u>1</u> form(s) is/are submitted.</p>				Large Entity	Small Entity	Amount	<input type="checkbox"/> One Month	\$ 120.00	\$ 60.00	\$	<input type="checkbox"/> Two Month	\$ 450.00	\$ 225.00	\$	<input checked="" type="checkbox"/> Three Month	\$1020.00	\$ 510.00	\$1,020.00	<input type="checkbox"/> Four Month	\$1590.00	\$ 795.00	\$	<input type="checkbox"/> Five Month	\$2160.00	\$1080.00	\$
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